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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006301

554588 - 90050 - 5

1. Corporation Name
COMPREHENSIVE TREATMENT CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4160 WEST 16TH AVENUE SUITE #302 HIALEAH FL 33012	4160 WEST 16TH AVENUE SUITE #302 HIALEAH FL 33012

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/04/1998

4. FEI Number: 65-0875322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HERNANDEZ, ARTURO F
4160 WEST 16TH AVENUE
SUITE #302
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Arturo F. Hernandez, M.S.	1.2 NAME	
STREET ADDRESS	4129 W. 7 Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Florida 33012	1.4 CITY-ST-ZIP	
TITLE	S/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ana M. Roberto, M.S., H.A.S.	2.2 NAME	
STREET ADDRESS	9500 S.W. 29th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33165	2.4 CITY-ST-ZIP	
TITLE	T/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Manuel V. Rodriguez-Crespo, M.D.	3.2 NAME	
STREET ADDRESS	150 N.W. 19th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33012	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Ivan A. Hernandez, M.D.	4.2 NAME	
STREET ADDRESS	7706 S.W. 74 Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33148	4.4 CITY-ST-ZIP	
TITLE	D. ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Rafael A. Dausa, M.D.	5.2 NAME	
STREET ADDRESS	125 S.W. 130 Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33184	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Maria E. Lopez, M.S., H.A.S.	6.2 NAME	
STREET ADDRESS	4437 W Flagler, Apt. 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33134	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an

President (305) 825-7770 04/30/99